MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-088037

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3	/						53							
4							54							
5		2					55							
6							56							
7		/					57							
8							58							
9		①					59							
10		①					60							
11		①					61							
12		①					62							
13		①					63							
14	/						64							
15		/					65							
16		5					66							
17		5					67							
18	/						68							
19		/					69							
20	/						70							
21		/					71							
22		/					72							
23	/						73							
24		/					74							
25		①					75							
26		①					76							
27							77							
28							78							
29							79							
30							80							
31							81							
32		/					82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	6						TOTAL IND.							
TOTAL DEP.	26						TOTAL DEP.							
TOTAL CLAIMS	32						TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

ORM PTO-1360 (REV. 3-78)

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